

REPORTING FORM FOR OUTBREAKS OF SUSPECTED OR CONFIRMED VIRAL GASTROENTERITIS IN FACILITIES

When you first suspect an outbreak, please notify your local health department by phone. The Communicable Disease (CD) Nurse or District Epidemiologist will complete this form by collecting detailed information from your facility. If requested by Henrico Health Department, please fax this form along with the GI Line Listing to (804) 501-4232, Attention: Epidemiology. Thank you!

General Information

Today's Date ____/____/____

Primary contact person for epidemiologic investigation: Henrico HD, Epidemiologist or CD Nurse

Telephone 804-501-4522 Fax: 804-501-4232 District: Henrico

Outbreak Information

Date of first case ____/____/____ Date health department notified ____/____/____

Date of last case ____/____/____ Outbreak ongoing? Yes No

Facility Name _____ City or County _____

Address: _____ Phone _____ Fax _____

Type of facility (circle): Nursing home Assisted living facility Other, specify: _____

Number of residents ill _____ (x_1) Total number of residents of the facility _____ (y_1)

Resident attack rate _____% ($x_1/y_1 \times 100$)

Number of staff ill _____ (x_2) Total number of staff employed by facility _____ (y_2)

Staff attack rate _____% ($x_2/y_2 \times 100$)

Illness Characteristics

Predominant symptoms (circle all that apply): Diarrhea Nausea Vomiting Fever Abdominal Cramps

Other, specify: _____

Average duration of illness (specify hours or days) _____

Number of residents admitted to a hospital _____ Number of residents who died _____

Ambulance/Fire Co. if transport occurred during outbreak: _____ Notified of outbreak? Y/ N

Laboratory Information

Number of stool specimens collected _____ Number of vomitus specimens collected _____

Was testing for any of the following conducted (circle all that apply)? Bacteria Ova/parasites Viruses

Specify Results (including number positive) _____

Number of paired acute and convalescent serum specimens collected _____ Results _____

Public Health Interventions (circle all that apply):

Closed to new admissions Restriction of visitors Isolated/cohorted residents Discontinued group activities
Served meals in rooms only Excluded ill staff from work Environmental cleaning Emphasized hand hygiene
Cohorted staff to work with ill or well Other, specify: _____

Comments _____